

Post-Operative Rotator Cuff Repair

Note to Therapist: Before proceeding, please refer to operative note for postoperative course. This will give any instructions that deviate from protocol (i.e. Subscapularis repair or concomitant labral repair).

*Prior to surgery, you may be requested to schedule a “prehab” appointment with physical therapy.

*Unless otherwise informed, please schedule your physical therapy appointment to being 5-7 days after surgery.

Sling Wear:

- Week 1-6
 - Sling at all times (abductor pillow may be removed after 2 week post-operative visit)
 - Sling may be removed only for showering and exercises

Phase 1: Weeks 1 – 6 (Protective Phase) PT/OT 1x per week

Active elbow flexion allowed but not against resistance with Bicep tenotomy or tenodesis.

Limit ER to 30° until week 4 with a subscapularis repair or labral repair.

- Suture removal day 10-14 in clinic
- Abduction brace/sling – during day and night. May discontinue pillow at 2 weeks.
- Pendulum exercises. Table slides (passive)
- Finger, wrist, and elbow AROM
- Begin scapula musculature isometrics; cervical AROM
- Cryotherapy and modalities for pain and inflammation as needed.
- Patient education on posture, joint protection, positioning, hygiene
- PROM to tolerance with patient supine
 - Flexion to 120°
 - ER to 30° (in adduction and/or scapular plane)
 - IR in scapular plane at 45° abduction to body/chest
 - Abduction to 90° as tolerated
- Educate the patient on passive shoulder flexion in supine position or passive table stretch within the limits of protocol at approximately 2 weeks post-op as tolerated by patient.

Phase 2: Protection and active motion (weeks 6-8) PT/OT 2-3x per week

Active elbow flexion allowed but not against resistance with Bicep tenotomy or tenodesis.

If Subscapularis/labral repair, limit ER to 45° until week 8

**Discontinue sling at 6 weeks.

- Continue or begin supine self-passive shoulder flexion using other hand on elbow
- AAROM supine wand ER in scapular plane and 30 – 45° abduction progressing to 90° abduction as tolerated (except with labral and subscapularis repair)
- Active Range of Motion below shoulder height.
- Continue pulleys as directed by therapist at 4 weeks post-op.
- Begin rotator cuff isometrics beginning around 6 weeks-avoid isometrics on repaired musculature
- Continue modalities as needed

Note: These instructions are to serve as guidelines and are subject to Physician discretion. Actual progress may be faster or slower depending on the individual.

Phase 3: Weeks 8-10 :

Active elbow flexion allowed against resistance with Bicep tenotomy or tenodesis.

If Subscapularis/labral repair, limit ER to 60° until week 10

Begin active Range of Motion above shoulder height

- Continue AAROM and PROM stretching
- Rhythmic stabilization drills in supine for ER/IR and “balance position” of shoulder (100° elevated scapular plane)
- Initiate AROM exercises in standing (in all planes of motion)
- Emphasize scapular depression when performing exercises (avoiding upper trapezius compensation)
- Periscapular exercises including prone row and prone extension

Week 10:

- Dynamic stabilization exercises
- If subscapularis or labral repair ER may progress to symmetry with contralateral shoulder
- Initiate strengthening program:
 - ER and IR with exercise bands/sport cord/tubing
 - ER side-lying
 - Exercises with light free weights
 - Lateral raises – no shoulder shrug
 - Full can in scapular plane – no empty can and no shoulder shrug
 - Prone rowing, horizontal abduction and extension
 - Elbow flexion/Extension

Considerations:

- Continue stretching and strengthening daily after you discontinue formal therapy.
- May return to medium level activities at 4 months and unrestricted heavy activities at 6 months.
- May continue to improve for up to 1 year or more after surgery.

Return to functional activities

Driving 4 Weeks (not while on pain medications or in sling)

Return to work Sedentary job: 1-2 weeks-- Manual laborer: 3-6 months

Discharge Instructions after Shoulder Surgery

- A sling/immobilizer has been provided for you. Remain in your sling/immobilizer at all times with the exception of hygiene and physical therapy activities. **This includes sleeping in your sling/immobilizer.**
 - DO NOT USE THE HAND GRIP UNTIL YOUR BLOCK HAS COMPLETELY WORN OFF AND YOU HAVE FULL SENSATION IN YOUR HAND.



- Use ice/cryocuff on the shoulder on a scheduled basis over the first 48-72 hours after surgery. Continue to ice/cryocuff intermittently for the next few weeks as needed to reduce inflammation, especially after physical therapy. Do not place the ice/cryo-sleeve directly on your skin. Take the cryo sleeve off occasionally and wipe it down with a towel as it does build condensation.
- Pain medication has been prescribed for you. If you have been given an indwelling nerve block, begin taking pain medication on post-operative night number 2. You may begin taking it sooner if the nerve block has begun to wear off. Take your pain medication approximately 45-60 minutes prior to the removal of your nerve block.
 - **Nerve block: You may have mild shortness of breath and numbness to the side of your face after the nerve block, this is normal.**
 - **To remove the “pain ball”, gently remove any tape/glue and with gentle pressure, pull the thin catheter (tubing) out. If you meet resistance, call the phone number on the “pain ball.”**
 - **Pain medications can cause constipation, we suggest purchasing a stool softener such as Colace, Senekot or Miralax if needed.**
- Use your pain medication as directed over the first 48 hours **after** you begin taking it and then begin to taper your use. You may supplement the pain medications with over the counter Advil (Ibuprofen, Motrin), Aleve (Naproxen sodium) as needed for the first 5 days after surgery. **DO NOT TAKE TYLENOL (ACETAMINOPHEN) UNLESS INSTRUCTED OTHERWISE.**
- You will receive compression socks at the surgery center. Please keep your compression socks on for the first 3 days to help prevent blood clots. These socks can be slippery so please wear socks or slippers with a non-skid surface.

- Once you are comfortable at home, it's important to practice deep breathing and coughing so that you'll be able to do the exercises below easily after surgery. These exercises will help your breathing, clear your lungs, and lower your risk of pneumonia.
- Breathe deeply and cough every hour while you're awake for the first 2 to 3 days after surgery. These exercises work better if you do them sitting up.
- It's also important to move and change your position often. These position changes help to make your breathing and coughing exercises work better.

Deep Breathing Exercises

Do these exercises every hour when you're awake.

- Breathe in deeply and slowly through your nose, expanding your lower rib cage, and letting your abdomen move forward.
- Hold for a count of 3 to 5.
- Breathe out slowly and completely through pursed lips. Don't force your breath out.
- Rest and repeat 10 times every hour. Rest longer if you become dizzy or lightheaded.

Coughing Exercises

It's best to do coughing exercises when you're feeling comfortable. If you're lying on your back, bend your knees (if you can), and rest your feet on the bed.

Breathe in deeply and cough firmly. If you cough up some mucous, clear it into a tissue. Repeat the coughing until there isn't any more mucous. If you have a lot of mucous, you may need to take a break so you don't get too tired.

Foot and Leg Exercises

Do these exercises every hour while you're awake.

Ankle Pump

- Pump your ankles up and down for 1 minute.
- Relax both feet.
- Repeat 5 times then relax.



B. Ankle Circles

Note: These instructions are to serve as guidelines and are subject to Physician discretion. Actual progress may be faster or slower depending on the individual.

- Circle both ankles; first to the right, and then to the left.
- Repeat 5 times then relax.



Bend each knee one at a time, sliding your foot up along the bed and then back down.
Repeat 5 times then relax.

Bandages and Shower

- The first time that you shower, it is a good idea to have someone “stand by” as the hot water, pain medication and the anesthesia can cause dizziness and lightheadedness.
- **Shoulder:** You may shower 3 days after your surgery (after your nerve block is out). The incision(s) CANNOT get wet prior to 3 days or until the wound is dry. Remove all of the dressings and let the shower water flow over the incisions, do not scrub or use soap on the incision. Allow the water to wash over the site, do not scrub and then PAT dry. Do not rub the incision(s). Place new, clean dressing or bandaid over the incision (s). Make sure your axilla (armpit) is completely dry after showering. You may use gauze or on a dry washcloth to help keep your armpit dry.

Eating

- **Start slow!** There are no restrictions to your diet but the general anesthetic slows everything down. Starting with non-greasy, lower fat foods will keep your tummy happy.

Attend Physical Therapy as directed.